addition, the years 1981 and 1982 brought honors as Auto Racing Digest Driver of the Year. Today, he is considered one of the foremost race drivers to participate in the sport, and his influence can be seen among the new generation of NASCAR drivers.

During the years 1981–1986, his partnership with car owner Junior Johnson yielded three series championships, 43 victories and 34 pole positions. The highlight of Waltrip's career came in 1989 when he won the Daytona 500 on February 17, in car No. 17, in his 17th attempt for one of racing's highest honors.

Darrell Waltrip's statistics are phenomenal. With a career that includes 276 top-five finishes, 390 top-ten finishes, 37 Superspeedway wins, 47 short track wins, and winnings totaling nearly $18 million, there is no doubt that Waltrip is a true racing legend.

He has broken many barriers in the sport by becoming both a driver and an owner, and is recognized as the first corporate spokesperson in racing. In Tennessee, he is known and loved for his numerous and continuous charitable contributions to the community. In 1979, he was named Tennessee's Professional Athlete of the Year.

Currently, he owns and operates Darrell Waltrip Honda-Volvo Car Dealership, serving many of his fans. I consider Darrell Waltrip a personal friend. In fact, I was with him for the grand opening of his car dealership in Williamson County.

Darrell Waltrip is to be commended and honored for his incredible racing career, which has entertained and enthralled thousands of fans for the past twenty-nine years. He is a true racing pioneer, taking the sport beyond the racetrack and into the hearts and homes of America.

RECOGNIZING PAUL TOWNSEND'S CONTRIBUTIONS TO LONG ISLAND

HON. MICHAEL P. FORBES

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 24, 2000

Mr. FORBES. Mr. Speaker, I rise today to honor an exceptional man who has dedicated himself to Long Island, its people, its businesses, and its natural resources. A tenth generation Long Islander, Mr. Paul Townsend has worked for more than half a century to promote and preserve Long Island.

Mr. Townsend has provided leadership at the highest level. He has served as a catalyst for change and development of our region. His energy and enthusiasm for a wide range of projects is unparalleled. He promoted landmarks such as Levittown. He worked with the federal government to create the Fire Island National Seashore. He created institutions such as Long Island Business News and North Shore University Hospital. He and his wife Terry, worked to establish Long Island's first professional Equity theatre. He served as editor of the Long Island Business News for 45 years and now serves as editor emeritus.

Using his vision, Mr. Townsend assembled the talent to bring important projects to fruition. He worked to produce affordable housing which is now a model for the nation. He, and his colleagues, developed the United Way of Long Island and he served as its first executive director. Long Island's United Way now consists of over 160 health and human care service agencies. The United Way helps local people and in the process, strengthens the community. This organization has helped to prevent youth violence, help care for the very young and the old, provide emergency food, shelter and clothing, and support job assistance training for the disabled.

Mr. Townsend also founded the Long Island Business Development Council and worked to establish Long Island's Entrepreneur Awards Program. He and his wife received the Long Island Association's first Lifetime Achievement Award. He has been an integral part of the Long Island business community.

Mr. Townsend has made countless contributions to the Long Island community. His dedication to the community distinguishes him as a role model all Americans should aspire to emulate. And so it is with great pleasure that I commend Mr. Townsend on his achievements, and wish him all the best for the future.

HONORING MEMBERS OF THE CREW OF THE GUIDED MISSILE DESTROYER U.S.S. ''COLE''

SPEECH OF

HON. JACK QUINN

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 18, 2000

Mr. QUINN. Mr. Speaker, we gather today to honor the crew of the naval destroyer U.S.S. *Cole*. A tragedy of great magnitude occurred in the Yemen port of Aden on October 12, 2000. While the U.S.S. *Cole* was refueling in Aden, in an apparent terrorist suicide mission, a small boat loaded with explosives struck the U.S.S. *Cole*. The impact of the explosion left a 40-by-45 hole in the side of the destroyer, but this impact extends far beyond the port of Yemen, and into the hearts of the American people.

Not only did this explosion strike a devastating blow to the ship itself, but the ship's crew as well. This deliberate act of terrorism has left seven crewmembers dead, ten missing and presumed dead, and over three dozen wounded.

So, we gather here today to not only express our heartfelt sympathies to the families, friends, and loved ones of these servicemen and women, but also to express our thanks for the ultimate sacrifice that these men and women made for their nation. The United States Government has yet to identify the culprit of this terrible act, but we do know that the U.S.S. *Cole* and its crew were going about routine duties in the area and performed dutifully and selflessly in a situation of great duress.

This unfortunate tragedy has taken seventeen lives and wounded over 40 U.S. servicemen. We cannot commend the crew of the U.S.S. *Cole* highly enough for the exemplary spirit and patriotism which they demonstrated in salvaging their crew and ship. Let the memory of those who perished in the U.S.S. *Cole* attack, motivate us to carry on with the same spirit with which they served to preserve the future peace and security, of our nation.

STROKE THERAPY'S NEW PUSH

HON. DAVID E. PRICE

OF NORTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 24, 2000

Mr. PRICE of North Carolina. Mr. Speaker, a recent article in the Washington Post reminds us of the urgent attention stroke deserves as the third leading cause of death in this country.

Stroke affects the most delicate and vital organ of the body, the brain. The National Stroke Association uses the term ''brain attack'' to characterize this medical condition and describe the urgent need for prompt medical attention. A stroke occurs when blood flow to the brain is interrupted either by a clogged artery or a blood vessel rupture.

Stroke touches the lives of four out of every five American families. It touched the Congress this year with the tragic death of our friend and colleague, Senator Paul Coverdell. Each year 750,000 Americans will suffer a stroke and 160,000 of them will die. African Americans and Latinos are at an even greater risk of stroke. Stroke is also a leading cause of adult disability, leaving a majority of survivors with disabilities ranging from moderate to severe. The statistics are staggering, but fortunately, many strokes can be prevented.

There are important resources available for stroke prevention, treatment and rehabilitation. The National Stroke Association has a wealth of information available on its web site at www.stroke.org, or by calling 1–800–STROKES. Clearly, stroke is an issue that deserves debate, discussion and our immediate attention as a major public health issue. I submit this article to my colleagues and look forward to discussing approaches we might take to reduce the terrible toll from stroke.

[From The Washington Post, Sept. 24, 2000, Sunday, Final Edition]

STROKE THERAPY'S NEW PUSH; AGGRESSIVE DOCTORS GO DEEP INTO THE BRAIN

(Susan Okie)

Like a wisp of cloud that's really the edge of a hurricane, the first sign of what was about to happen to Garline Perry seemed a small thing.

One morning last month, Perry complained to his wife that he couldn't keep his balance. When he tried to walk, she said, he kept ''listing to the right.''

Susana Perry took her husband, 57, to the emergency room at Inova Fair Oaks Hospital. Minutes after they arrived, the storm hit.

''He yelled, 'I can't hear you! I can't see you!' . . . He fell to the floor and starting convulsing,'' recalled Susana Perry. A two-inch clot had blocked a major artery at the back of Perry's brain, producing a catastrophic stroke.

Unable to move, talk, breathe or even blink, the Fairfax man was placed on a respirator and flown by helicopter to Inova Fairfax Hospital, where radiologist John J. ''Buddy'' Connors embarked on a rescue mission that few doctors would dare attempt. He snaked a long, fine tube through an artery to reach the plug of congealed blood inside Perry's brain and began to drip in a clot-busting drug, hoping to reopen the blocked vessel.

Along with perhaps 300 other doctors in the United States, Connors works on the uncharted borders of stroke therapy, putting novel devices and powerful drugs deep into an organ where a mishap can mean death,

coma or paralysis. Such maneuvers signal a newly activist approach to a disorder that doctors once met with resignation. Strokes, the third-leading cause of death in the United States, are now viewed as emergencies in which rapid and aggressive treatment may save lives and minimize disability.

Although the treatment administered by specialists such as Connors has produced dramatic results for some patients, it remains largely untested except in small pilot studies. The situation underscores the challenge researchers face in developing a new treatment, especially a complex one that combines drugs, devices and technical skill. Often, such therapies are refined and tested one patient at a time, evolving and prolifering for years before anyone is certain how well they work.

''The fact that [a new treatment] seems logical and does what it should doesn't necessarily mean that it's going to benefit the patient,'' said John R. Marler, associate director for clinical trials at the National Institute of Neurological Disorders and Stroke.

Doctors such as Connors, faced daily with desperate cases, contend that they are advancing medical knowledge as best they can. ''We have to do this,'' Connors said. ''We know we can help patients. . . . There is no regulatory process for this kind of thing.''

DAMAGE CONTROL

Some 600,000 Americans suffer strokes each year. The problem occurs when a blood vessel in the brain becomes blocked by a clot or hemorrhage, causing nerve cells supplied by the vessel to die. Until recently, there was no way to mitigate the damage, only physical therapy and the hope that the brain would partially recover in time.

That changed in 1996, when the Food and Drug Administration approved the clot-dissolving drug tPA as the first effective treatment. But only about 2 percent of U.S. stroke victims receive tPA. a major reason is time: The intravenous therapy only helps if it is started within three hours of the first symptoms, and few people with an incipient stroke make it to the emergency room and through the required battery of checkups and tests before that deadline has passed.

The approach Connors uses appears to be effective if started within six hours after symptoms begin. Specialists in his field also believe it may produce better outcomes by delivering clot-dissolving drugs directly into an artery of the brain instead of through an arm vein, the only mode of administration approved by the FDA.

When tPA is given intravenously, Connors said, ''they give you a massive amount . . . just so that a teeny bit of it might get to a small clot in your brain.'' It's like pouring Drano into a house's main water intake pipe, hoping that some will reach a blocked sink. In contrast, Connors said, he uses a different clot-dissolving drug at about one-fiftieth the usual intravenous dose and puts it as close as possible to the blockage.

The effectiveness of intra-arterial treatment varies, depending on how soon it is started and on the size and location of the clot. Only two studies, funded by Abbott Laboratories, maker of a clot-dissolving drug called prourokinase, have evaluated such treatment by comparing it with a placebo. In the larger study, involving 180 patients, 40 percent of those who received the therapy recovered enough to live independently, compared with 25 percent of patients given a placebo. The degree of benefit was similar to that seen with intravenous tPA, but the rate of brain hemorrhages was higher—about 10 percent among recipients of intra-arterial prourokinase, compared with 6 percent among patients in the tPA study.

Although the findings suggested that the treatment could be beneficial, the FDA asked the manufacturer to conduct another study to obtain more data about the therapy's safety and effectiveness. Abbott has not decided whether to do so.

Genentech Inc., which makes tPA, also has not decided whether to study intra-arterial treatment, a spokesman said.

Connors believes that companies do not want to fund additional trials because they doubt they will recoup research costs. ''Genentech, Abbott and other companies have done the math. . . . The doses that we use for [intra-arterial] therapy are so small that it would take 500 years for them to make that money back at the rate that we are using the drugs now,'' he said.

Tareta Lewis, an Abbott spokeswoman, said cost is not the only consideration. ''There are many things that go into making the decision,'' she said.

Lacking such studies, Connors and other specialists say they don't know the exact benefits and risks of what they are doing.

''We get the patients who don't meet the three-hour time window'' for intravenous tPA, said Richard Latchaw, chief of neuroradiology at the University of Pittsburgh. ''Using a compassionate view, we will go ahead and give intra-arterial tPA in a dosage that we personally think is efficacious. Do we know exactly what that dosage should be? No.''

The therapy has never been directly compared with intravenous tPA. The National Institute of Neurological Disorders and Stroke plans to fund a study at the University of Cincinnati Medical Center in which researchers will give 80 patients with major strokes a combination of intravenous and intra-arterial treatment. They intend to compare the outcomes to existing data on intravenous tPA.

''Itra-arterial therapy does more than put the drug next to the clot,'' said Marler. ''They're passing the catheter into the clot, trying to break [it] up. . . . There are definitely patients it will help, but does it balance out'' against the increased risk of bleeding?

In the meantime, Connors said, ''hundreds of patients are being treated right now, all over the United States.'' He has organized a training course for doctors to be held in Washington next month and is setting up a registry to collect data on patient outcomes.

''This is a new field and we don't know everything we need to know,'' Connors said. ''You're playing statistics. The whole thing is statistics and odds.''

DIFFICULT DECISIONS

The odds in Perry's case looked to be long. His clot was in the basilar artery, dreaded location for a stroke because it nourishes areas of the brain that control life-support functions such as breathing. Without treatment, he

But there was a third possibility. Perry might end up in a nightmarish state that neurologists call ''locked in''; awake and aware, but permanently unable to speak, move or communicate.

If that were the outcome, Connors told Susana Perry that afternoon, ''if it was me, I wouldn't want to make it.''

He offered to stop treatment if she thought it best.

When Connors posed that question, he and his team had already been working on Perry for an hour at Inova Fairfax Hospital. Perry lay on a table in an operating room equipped with X-ray machines that took magnified pictures of blood flowing through the vessels of his brain.

While an anesthesiologist monitored Perry's vital functions, surgically gowned nurses and technicians rushed to fetch drugs and equipment.

Connors and another doctor, Firas Al-Ali, had threaded a long, slippery tube called a catheter, thinner than a strand of angel hair pasta, through a larger tube in Perry's groin, guiding it along major arteries of his abdomen, chest and neck until the tip rested against the clot inside his skull.

Through the catheter, they squirted dye to illuminate the blocked vessel on X-rays and dribbled in medicines that they hoped would tease apart the clump of protein and blood cells.

Most clots that Connors attacks in this way are the size of a grain of rice. Perry's was the size of his little finger.

Connors asked Susana Perry for permission to ''go for cleaning everything up'' to maximize her husband's chances of recovery—even though doing so would heighten the risk that the drugs might cause bleeding in his brain.

''His outlook was 99 percent death,'' Connors said. ''The options were so bad. It's one thing to have a stroke where you can't move your arm but you're mostly still you. It's another thing to have a stroke where you're paralyzed from the eyes down. . . . There's no right or wrong decision on this. It's something where you have to think, 'What if this was me?' and get the family involved.''

Susana Perry told Connors to go for broke. ''I said, 'I'm not ready to get rid of this guy,''' she recalled.

Connors treated Perry for eight more hours. At last, he removed the catheter and stitched up the small wound in Perry's groin. He estimated that he had dissolved about 95 percent of the clot. Now, it was a matter of waiting to see whether the treatment had worked.

At 1 a.m. the next day, a nurse woke Susana Perry, who was asleep in a room near the intensive care unit. ''He's responding,'' the nurse said. ''He's nodding 'yes' or 'no' to simple questions.''

Perry was still on a respirator and his left side was paralyzed, but the pace of his recovery over the next few days astonished his doctors. Three days after his stroke, he signaled to his son that he wanted something. A nurse handed him a pad and pencil. He wrote, ''Beer.''

Two days later, doctors disconnected the respirator and Perry was able to breathe on his own. A week after the stroke, he had regained some movement in his left leg and was eating and cracking jokes about the hospital food. ''There's so much I'm learning from the beginning,'' he said, speaking slowly. ''You take so much for granted.''

''His level of recovery is—what can I say?—miraculous,'' said David Grass, Perry's neurologist. ''This would have been fatal, absolutely no doubt. . . . He has a left-sided weakness that is improving. He has normal mental function. He has some mild difficulty seeing to his right, but that's improving. He's had no problems with speech. . . . He's going to need several months of rehabilitation, but I'm optimistic that he may eventually be able to return to work. ''